

Example of Hospital Discharge
Data Submission Information Form

This is an example of the Information form that must
accompany every data report submitted to the
Arizona Department of Health Services.

**Hospital Discharge Data Information Form
Report to the Arizona Department of Health Services**

Facility Name: ABC Hospital

Reporting Period: January 1, 2004 - June 30, 2004 Due Date: August 15, 2004

Discharge Data File Reporting Names (use Standard Naming Convention outlined below):

Hospital Inpatient (file type IP): MED1234_IP_2004-01

Hospital Emergency Department (file type ED): MED1234_ED_2004-01

Standard Naming Convention: [facility ID]_[file type]_[reporting period]

EXAMPLE: MED1234_IP_2004-01

- MED1234 is the hospital's state issued facility ID number. ¹
- IP is the file type code for a hospital inpatient data submission file.
- 2004-01 is the first half of 2004, January through June reporting period.

- 1) Provider Facility's Arizona State Issued Facility ID Number: MED1234
- 2) Provider Contact Person's Name: Steve Jones, IT Manager
- 3) Contact Person's Address: 123 Main Street, Anywhere, AZ 85000
- 4) Contact Person's Phone Number: (602) 123-4567
- 5) Contact Person's E-mail Address: sjones@abchospcorp.com

If the organization responsible for submitting the Discharge Data Reports is different from the Provider Organization, ALSO provide the following:

- 6) Data Submission Organization Name: XYZ Submission Software Company
- 7) Contact Person's Name: Jane Brown, Programming Analyst
- 8) Contact Person's Address: 789 Central Blvd., Los Angeles, CA 95000
- 9) Contact Person's Phone Number: (800)987-6543, ext 7200
- 10) Contact Person's E-mail Address: brownj1@xyz.com

¹ All Arizona hospital AZ FAC_ID's are available on website: www.azdhs.gov/plan/crr/index.htm